

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB 26 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

500144518225

02/26/09--01030--002 \*\*450.00

CR2E081 (12/08)

**DOCUMENT # P06000060708**

1. Corporation Name

E & G Consulting, Inc.

2. Principal Office Address - No P.O. Box #

1964 SE 10 St

3. Mailing Office Address

1964 SE 10 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33035

Country

USA

Zip

33035

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/2006

5. FEI Number  
71-1004699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ebed Guerreiro

Street Address (P.O. Box Number is Not Acceptable)

1964 SE 10 St

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33035

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr.	Ebed Guerreiro	PRESIDENT 1964 SE 10 St	Homestead, FL 33035
Mrs.	Gisel Guerreiro	VICE PRESIDENT 1964 SE 10 St	Homestead, FL 33035

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ebed Guerreiro

2/23/2009

786-351-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #